

# Parks and Recreation

3500 South Rural Road, Tempe, AZ 85282



## Adult Fitness and Weightlifting (Ages 18 and over)



### Dates

On days when school is in session.

### Days

Mon. through Fri.

### Time

6 AM- 7:30 AM

### Location

McClintock High School

1830 E. Del Rio Drive

### Fee

FREE!

- ◆ Free Weights
- ◆ Weight Machines
- ◆ Stationary Bikes
- ◆ Treadmills
- ◆ Plus other exercise equipment

### Information

(480) 350-5218

Men and Women age 18 and over are invited to participate. A Recreation Weight Room Supervisor will be on duty to assist, instruct, and offer consultation. Locker and shower facilities are not available. To participate in the program complete the registration form and mail or bring it to the Parks and Recreation Office. You can also register on-line at [www.tempe.gov/pkrec/](http://www.tempe.gov/pkrec/).

**Class Code: MCFW1**

### Adult Weightlifting and Fitness

**Winter/Spring 2002**

Participant Name: _____	Gender _____	Age _____
Address: _____	APT # _____	City _____ Zip _____
Phone: Eve _____	Day _____	Additional _____ Additional _____
In Emergency contact: _____		<b>MCFW1</b>

### Waiver of Liability

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: \_\_\_\_\_

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

REQUIRED: Signature AND / Printed Name

Date